

Medical Records

Civil Action Number: 2:17-01146

Claimant: Trish Ann Fontana

Account Number: 197-56-3849

Exhibits

| Exhibit No. | Description | Page No. | No. of Pages |
|------------------------|---|-----------------|-------------------------|
| 3F | Office Treatment Records, dated 01/18/2010 to 03/24/2011, from David J. Mance, DPM-JRMC Diagnostic Services Brentwood | 227-271 | 45 |

DATE: April 18, 2018

The documents and exhibits contained in this administrative record are the best copies obtainable.

This sheet MUST be on TOPThis sheet MUST be on ~~EXHIBIT~~ NO. 3F

PAGE: 1 OF 45

Return MAIL or FAX Cover Sheet

IMPORTANT: THIS SHEET MUST BE ON TOP OF YOUR RESPONSE.
If you are required to return your own cover sheet, please place it under this one.

DAVID J MANCE DPM
 ASSOCIATES IN PODIATRY
 3000 BROWNSVILLE RD
 PGH PA 15227

Re: TRISH A FONTANA
 XXX-XX-3849

SSA
 S67 Greensburg/PA-DDS
 PO Box 8751
 London, KY 40742-9863

If responding by mail, put this sheet on top of your response. Use the enclosed return envelope and ensure that the mailing address appears in the window.

If responding by FAX, complete the FAX Information section and send to the FAX Number identified below. Put this sheet on top of your FAX transmission.

FAX Information

Date: _____ Time: _____ Number of Pages, including
 this cover sheet: _____
 To: Bureau of Disability Determination
 Attn: M. Servello Phone Number: 1-800-442-8018
 FAX Number: 1-800-358-9954

The information contained in this facsimile is intended only for the individual named above and may contain confidential or privileged information. If you are not the intended recipient, any dissemination, distribution or copying of this communication is prohibited. If you have received this transmission in error, please notify us by telephone immediately so that we can arrange for the return of all documents transmitted.

251697215



* 0 2 2 6 6 7 3 5 0 9 *

BBZZC1

MER - DMAF



RQID:0226673509BBZZC1

SITE:S67 DR:S

SSN:197563849 DOCTYPE:0001 RF:D CS:6641

60050512- 4/13



pennsylvania
DEPARTMENT OF LABOR & INDUSTRY

BUREAU OF DISABILITY DETERMINATION
POST OFFICE BOX 2500
GREENSBURG, PENNSYLVANIA 15605-2500

FROM GREENSBURG CALL 800-442-8018
ALL OTHER AREAS CALL 800-442-8018
TTY USERS CALL 800-442-8018
FAX: Use enclosed FAX Cover Sheet

EXHIBIT NO. 3F
PAGE: 2 OF 45

BDD SERVICE INVOICE

TDN: 0226673509

AUTHORIZED BY: M. Servello/MQS
OBLIGATED DATE: 04/24/13

PROVIDER TO BE PAID:
ASSOCIATES IN PODIATRY
3000 BROWNSVILLE RD
PGH PA 15227

CLAIMANT NAME, ADDRESS AND SSN:
TRISH A FONTANA
3130 GLENDALE AVENUE
PITTSBURGH PA 15227
XXX-XX-3849

PHONE: (412) 881-5580

TREATMENT LOCATION:
ASSOCIATES IN PODIATRY
3000 BROWNSVILLE RD
PGH PA 15227

(COMPLETE IF BLANK)

Federal ID Number OR Provider Social Security Number: 251697215

☐ "X" this box if changes were made to preprinted Name/Address or Tax ID Number.

CODE AND TYPE OF SERVICE:

FEE

045 Medical Evidence from Physicians/Psychologists
Original Abstract -OR-
Photocopied Records
055 Medical Source Statement
047 Hospital Records - Hospital Use Only

43 pages

\$ 5
\$ 26.70
\$ 26.70

Should an additional examination or test
be needed to complete this patient's disability
claim, are you willing to perform it? Yes ___ No ___

TOTAL: \$ 26.70

Provider Signature

We certify that the above item(s) or kind(s) of service(s) were actually rendered and that the above prices and terminology are in accordance with the BDD's Authorization for Services. Payment cannot be made for unauthorized services. Neither the claimant nor his/her health insurer may be charged any fee for these services. In submitting this invoice for payment, the provider certifies that the fees charged are not in excess of those charged private patients or Federal or other agencies in the Commonwealth for the same or similar types of services.

PAYMENT WILL NOT BE AUTHORIZED FOR RECORDS RECEIVED AFTER 90 DAYS FROM THE DATE OF THIS LETTER.

*****OFFICIAL USE ONLY*****

___ Medical Records- Photocopy -OR- ___ Medical Evidence- Original Abstract
___ Medical Source Statement

251697215 BBZZC1

208PH 5/12 DMAF



* 0 2 2 6 6 7 3 5 0 9 *

60050512- 5/13

JEFFERSON REGIONAL MEDICAL CENTER

Mahpareh Mostoufi, M.D., Director
PO Box 18119, Pittsburgh, PA 15236
Tel. (412) 469-5745 Fax (412) 469-5913

PATIENT NAME: **FONTANA, TRISH**

MED REC #: **49-06-88**

BIRTHDATE: **06/02/1967**

AGE: **43 years** SEX: **Female**

PHYSICIAN NAME: **David J Mance**

FINANCIAL #: **3515756637**

ADMITTED: **03/24/2011**

PRINTED: **3/24/2011 18:53**

LOCATION: **BMGB**

Chemistry

General Chemistry

Collected Date 03/24/2011
Day of Stay Thu
Collected Time 10:00 EDT

| Ref Range | Units | Test | Result |
|-----------|---------------|-----------------|--------|
| 74-106 | mg/dL | Glucose Level | 77 |
| 7-17 | mg/dL | BUN | 10 |
| 0.5-1.0 | mg/dL | Creatinine # | 0.7 |
| | mL/min/1.73M2 | Non-Af-Am eGFR | >60 |
| | mL/min/1.73M2 | Af-Am eGFR | >60 |
| 137-146 | mmol/L | Sodium Level | 139 |
| 3.5-5.2 | mmol/L | Potassium Level | 4.8 |
| 95-110 | mmol/L | Chloride | 104 |
| 22-31 | mmol/L | CO2 | 26 |
| 7-16 | mmol/L | Anion Gap | 9 |
| 8.4-10.2 | mg/dL | Calcium | 9.7 |
| 6.4-8.3 | gm/dL | Total Protein | 6.9 |
| 3.2-4.5 | gm/dL | Albumin Level | 4.2 |
| 0.2-1.3 | mg/dL | Bili Total | <0.1 L |
| 15-50 | unit/L | AST | 24 |
| 13-69 | unit/L | ALT | 24 |
| 50-136 | unit/L | Alk Phos | 76 |

03/24/2011 10:00:00 AM EDT Creatinine:

An estimated glomerular filtration rate (eGFR) can be calculated from the serum creatinine. It is not valid and therefore not provided in patients under 18 years of age. Studies show that in patients with stable creatinine levels, eGFR values less than 60 mL/min/1.73m2 may indicate at least stage 3 chronic kidney disease (CKD). Clinical correlation and follow-up in such patients are recommended. The eGFR calculation has shown to be valid up to 60 mL/min/1.73m2. Values that exceed this level will be reported as >60. Therefore, eGFR cannot be used to determine if a patient has stage 1 or 2 CKD. The national Kidney Foundation has developed the following staging system to facilitate the assessment and management of kidney disease:

Stage 1, eGFR >=90; Stage 2, eGFR 60-89; Stage 3, eGFR 30-59; Stage 4, eGFR 15-29; Stage 5, eGFR <15.

LEGEND: E = CORRECTED C = CRITICAL L = LOW H = HIGH f = FOOTNOTES * = ABNORMAL # = INTERP DATA

831385268885672
JEFFERSON REGIONAL MEDICAL CENTER
 Mahpareh Mostoufi, M.D., Director
 PO Box 18119, Pittsburgh, PA 15236
 Tel. (412) 469-5745 Fax (412) 469-5913

PATIENT NAME: **FONTANA, TRISH**

MED REC #: **49-06-88**

BIRTHDATE: **06/02/1967**

AGE: **43 years** SEX: **Female**

PHYSICIAN NAME: **David J Mance**

FINANCIAL #: **3515756637**

ADMITTED: **03/24/2011**

PRINTED: **3/24/2011 18:53**

LOCATION: **BMGB**

Hematology

Cell Counts

Collected Date 03/24/2011
 Day of Stay Thu
 Collected Time 10:00 EDT

| Ref Range | Units | Test | |
|------------|------------|----------|---------------|
| 4.30-10.10 | x10(3)/mcL | WBC | 5.80 |
| 3.86-5.00 | x10(6)/mcL | RBC | 4.02 |
| 11.6-15.3 | gm/dL | Hgb | 11.2 L |
| 36.0-45.0 | % | Hct | 35.5 L |
| 85.0-99.0 | fL | MCV | 88.3 |
| 27.7-33.5 | pg | MCH | 27.9 |
| 31.5-35.5 | gm/dL | MCHC | 31.5 |
| 11.6-15.3 | % | RDW | 15.8 H |
| 123-347 | x10(3)/mcL | Platelet | 348 |
| 9.5-12.6 | fL | MPV | 9.4 L |

Differential

Collected Date 03/24/2011
 Day of Stay Thu
 Collected Time 10:00 EDT

| Ref Range | Units | Test | |
|-----------|------------|---------------|------|
| 15.0-45.0 | % | Lymph Auto | 31.2 |
| 5.3-10.0 | % | Mono Auto | 6.0 |
| 40.0-80.0 | % | Neutro Auto | 59.3 |
| 0.1-4.0 | % | Eos Auto | 2.8 |
| 0.0-3.5 | % | Basophil Auto | 0.7 |
| 1.20-3.40 | x10(3)/mcL | Lymph Abs | 1.81 |
| 0.23-1.00 | x10(3)/mcL | Mono Abs | 0.35 |
| 1.30-8.00 | x10(3)/mcL | Neutro Abs | 3.44 |
| 0.00-0.59 | x10(3)/mcL | Eos Abs | 0.16 |
| 0.00-0.07 | x10(3)/mcL | Basophil Abs | 0.04 |

LEGEND: E = CORRECTED C = CRITICAL L = LOW H = HIGH f = FOOTNOTES * = ABNORMAL # = INTERP DATA

::Report [Name: FONTANA, TRISH A | MRN: 197-56-3849 | Accession: 00260208]

EXHIBIT NO. 3F
PAGE: 5 OF 45

:: Preview [Name: FONTANA, TRISH A | MRN: 197-56-3849 | Accession: 00260208] 7 2

REPORTS:**Report Time:** 06/30/2010
16:00:00**Status:** F
Description: MRI LOW EXT JOINT W/
OUT CNT**Time Received:** 07/01/2010
14:30:16**Interpreter:** DEMARINO, MD, GEORGINE (28)**JRMC Diagnostic Services**Brentwood
3722 Brownsville Road
Pittsburgh, PA 15227
412-886-2700 Phone 412-886-2710 Fax**Referring Physician:** DAVID MANCE, DPM**Office Phone:** 4128815580**Fax:** 4128811026**Name:** TRISH A FONTANA**MRN:** 197-56-3849**DOB:** 06/02/1967**Phone:** 4128820719**CC Physician:****Date of Service:** 06/30/2010**Study:** MRI ANKLE WO MRI LOW EXT JOINT W/ OUT CNT**EXAM:** MRI LEFT ANKLE:**PROCEDURE:** Sagittal, axial, coronal T-1 and T-2 fat-suppressed sequences through the left ankle were acquired with closed MRI**PRIOR:** None**HISTORY:** Pain tendon rupture**FINDINGS:** There is diffuse edema around the ankle more so posteriorly. The peroneus longus and brevis tendons are intact. The posterior tibial tendon, flexor hallucis longus and flexor digitorum tendons are intact. The extensor tendons and anterior tibial tendons over the anterior ankle are intact. There is significant subcutaneous edema along the anterior ankle consistent with synovitis and this extends into the ankle joint somewhat without a significant effusion. There is a large area of abnormal bone marrow signal involving the dome of the talus through the body of the talus down to the sub-talar joint space and into the sinus tarsi consistent with marked contusion. There is at least one image suggesting a horizontal linear low signal which is on series 12 image 15 that could represent an actual stress impaction fracture. The overlying cartilage of the talar dome is all intact. The calcaneo talar interosseous ligaments are intact. The Achilles' tendon and plantar fascia, syndesmotomic ligaments, spring ligament is intact. There is partial tear and fibrosis of the anterior talofibular ligament. There may be partial tear calcaneofibular ligament.

::Report [Name: FONTANA, TRISH A | MRN: 197-56-3849 | Accession: 00260208]

EXHIBIT NO. 3F
PAGE: 6 OF 45

IMPRESSION: Marked contusion and nondisplaced stress-type fracture through the body of the talus. Anterior ankle synovitis. Tear anterior talofibular ligament.

Interpreting Physician

Electronically Signed By:

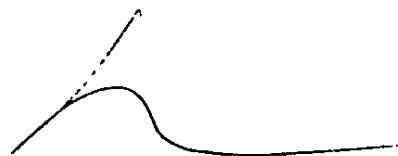
GEORGINE DEMARINO, MD

/GD

KEY IMAGES:

There are no key images set for this exam.

DB=0.109s TT



NAME Trish Fontana

EXHIBIT NO. 3F

PAGE: 7 OF 45

DATE 8-10-12

1 1/2 week go stepped
off step & heard "pop"
feels a little better & 2nd met
not

8-10-12 Trish Fontana

Patient presents today and said a week and a half ago she stepped off step and heard a pop. Now it hurts in her 2nd metatarsal of her left foot. There is pain on palpation at the 2nd met. She also it hurt in her ankle but that has gone away. There is some swelling in the area. I strongly suspect a stress fracture. She will get back into the air cast. I will see her in 2 weeks. DJM

8/24/12 pt conc. R/L 8:28

NAME Trish Fontana

"Feely better"

DATE 8-28-12

8-28-12 Trish Fontana

Patient states she is doing very good. She said the pain is 90% better. On evaluation there is no swelling in the left foot and the 2nd and 3rd metatarsal areas especially the 2nd at there was in the previous visit. There is no pain on range of motion and no pain on palpation on the neck or shaft of the 2nd metatarsal. X-ray views confirm there is no obvious fracture noted. She can start walking in regular shoes and I will see her PRN. DJM

Name *Trish Fontana*

031305200005672

Date *3-21-11**dictated*

3-21-11 Trish Fontana pt is complaining of pain in both legs now. She said she's weak I ordered CBC with diff and chem profile. She does look anemic. I will see her then DJM

Name *Trish Fontana*Date *3-28-11*

3-28-11 Trish Fontana Patient presents complaining of slight pain now on both ankles she thinks its because she gained weight. Injection of a ½ cc lidocaine plain is given DJM

Name *Trish Fontana*Date *4-25-11*

4-25-11 Trish Fontana pt has neuritis and tendonitis injection of a ¼ cc celestone into her anterior aspect of her foot DJM

*5-23-11 BIA*Name *Trish Fontana*Date *5-26-11*

5-26-11 Trish Fontana pt said she has occasional pain but is doing better there is pain in her ankle. There is pain at the dorso aspect of the talor navicular joint. I will see her as needed DJM

4-16-12 Purged - PC Sent

Name *Trish Fontana*EXHIBIT NO. 3F
PAGE: 9 OF 45

031305200005672

Date *1-17-11*

1-17-11 Trish Fontana pt said she's starting to feel better on examination there is very little swelling in the foot there is some pin point tenderness in the anterior tibia about 1cm about the ankle joint. Otherwise range of motion is pain free still tender very slight edema she is to elevate this. DX healing ruptured tendon tibialis anterior. DJM

Name *TRISH Fontana*Date *2-14-11*

2-14-11 Trish Fontana Patient presents today having pain at the anterior aspect of the anterior tib tendon you can feel a nodule there its tight I advised her to ice and elevate and wear the air walking cast. DJM

Name *Trish Fontana*Date *3-8-11*

3-8-11 Trish Fontana pt said she is starting to feel better she has occasional pain walking up and down the steps. The tibialis anterior tendon has decreased in size and the swelling in the area anterior to the ankle joint. There is pain on palpation of the ball of tendon in that area. There is pain on plantar flexion of the foot and plantar flexion of the toes. I want her to elevate this I will see her in 2 weeks. DJM

031305200005672

associates in podiatry



LYNNE J. HAUBELT, D.P.M.
SCOTT G. SOLBACH, D.P.M.
DAVID MANCE, D.P.M.

Certificate of Professional Care

Date

2/14/11

This is to certify that

Trish Fontana

is under my care for the following:

light duty continue

CENTRE CITY TOWER (SUITE 575), 650 SMITHFIELD STREET
PITTSBURGH, PA 15222
(412) 471-2124
3000 BROWNSVILLE ROAD, PITTSBURGH, PA 15227
(412) 881-5580

031385200005672

associates in podiatry



LYNNE J. HAUBELT, D.P.M.
SCOTT G. SOLBACH, D.P.M.
DAVID MANCE, D.P.M.

Certificate of Professional Care

Date 12-27-10

This is to certify that

Trish Fontana

is under my care for the following:

Continue light
duty until next appointment
1-17-11.

D Mance

CENTRE CITY TOWER (SUITE 575), 650 SMITHFIELD STREET
PITTSBURGH, PA 15222
(412) 471-2124
3000 BROWNSVILLE ROAD, PITTSBURGH, PA 15227
(412) 881-5580

031305200005672



Certificate of Professional Care

Date

1/17/11

This is to certify that

Trish Fontana

is under my care for the following:

Continue
light duty

CENTRE CITY TOWER (SUITE 575), 650 SMITHFIELD STREET
PITTSBURGH, PA 15222
(412) 471-2124
3000 BROWNSVILLE ROAD, PITTSBURGH, PA 15227
(412) 881-5580

Name *Trish Fontana*

031305200005672

Date *11-18-10*

11-18-10 Trish Fontana pt is complaining of pain anterior ankle tibias anterior tendon. There is pain on palpation I advised her to remain in the cast she will do this. DJM

Name *Trish Fontana*Date *12-2-10*

12-2-10 Trish Fontana Patient presents today stating her foot is swollen and she is achy in her feet no infection I gave her a medrol dose pack. There is less pain on palpation today DJM

Name *Trish Fontana*Date *12-27-10*

*1 1/2 weeks ago @ cemetery
flipped backwards getting
in car*

12-27-10 Trish Fontana Patient presents stating 1 1/2 weeks ago she flipped backwards getting into a car she has pain along the ankle and posterior aspect its swollen painful to palpation and movement. I want her in a BK cast I will see her in 2-3 weeks DJM

Name *Trish Fontana*

031305200005672

Date *11-18-0*

11-18-10 Trish Fontana pt is complaining of pain anterior ankle tibialis anterior tendon. There is pain on palpation I advised her to remain in the cast she will do this. DJM

Name *Trish Fontana*Date *12-2-10*

12-2-10 Trish Fontana Patient presents today stating her foot is swollen and she is achy in her feet no infection I gave her a medrol dose pack. There is less pain on palpation today DJM

Name *Trish Fontana*Date *12-27-10*

*1 1/2 weeks ago @ cemetery
flipped backwards getting
in car*

12-27-10 Trish Fontana Patient presents stating 1 1/2 weeks ago she flipped backwards getting into a car she has pain along the ankle and posterior aspect its swollen painful to palpation and movement. I want her in a BK cast I will see her in 2-3 weeks DJM

031305260005672

associates in podiatry



DISABILITY CERTIFICATE

LYNNE J. HAUBELT, D.P.M.

SCOTT G. SOLBACH, D.P.M.

DAVID MANCE, D.P.M.

DATE

12-21-10

NAME

Ivan Fontana

ADDRESS

EMPLOYER

To Whom It May Concern:

This is to certify that the above patient was under my professional care from Dec 2 to Dec 27 inclusive, and was totally incapacitated during this time.

This is to further certify that the above patient has now recovered sufficiently to be able to return to light work duties on regular

Restrictions:

Continue light duty until
next appointment

DR

717 Liberty Avenue, Clark Building (Suite 1315) • Pittsburgh, PA 15222 • (412) 471-2124
3000 Brownsville Road • Pittsburgh, PA 15227 • (412) 881-5500

FILED
12-21-10

031305200005672



Certificate of Professional Care

Date 11-27-10

This is to certify that

Trish Fontana

is under my care for the following: must
continue light duty until
next appointment.

Dr. Mance

CENTRE CITY TOWER (SUITE 575), 650 SMITHFIELD STREET
PITTSBURGH, PA 15222
(412) 471-2124
3000 BROWNSVILLE ROAD, PITTSBURGH, PA 15227
(412) 881-5580

031305200005672

CENTRE CITY TOWER, SUITE 575, 650 SMITHFIELD STREET, PITTSBURGH, PA 15222
(412) 471-2124 • FAX (412) 471-2332
3000 BROWNSVILLE ROAD, PITTSBURGH, PA 15227 • (412) 881-5580 • FAX (412) 881-1026

associates in podiatry

LYNNE J. HAUBELT, D.P.M.
SCOTT G. SOLBACH, D.P.M.
DAVID MANCE, D.P.M.

SC-002880-L

DEA REG. NO. _____

NAME Trish Fontana AGE _____ADDRESS _____ DATE 12/2/10

R. Medrol Dose pack
1 pack
by: per institution

REFILL 0 TIMES

DO NOT SUBSTITUTE

D.P.M.

SUBSTITUTION PERMISSIBLE

D.P.M.

031305208085672
JRMC Diagnostic Services
Brentwood
3722 Brownsville Road
Pittsburgh, PA 15227
412-886-2700 Phone 412-886-2710 Fax

Referring Physician: DAVID MANCE, DPM

Office Phone: 4128815580
Fax: 4128811026

CC Physician:

Name: TRISH A FONTANA

MRN: 197-56-3849

DOB: 06/02/1967

Phone: 4128820719

Date of Service: 10/29/2010

Study: MRI ANKLE WO MRI LOW EXT JOINT W/ OUT CNT

LEFT ANKLE MRI:

HISTORY: Ankle pain

SEQUENCES: Sagittal, axial and coronal T-1 and T-2 sequences through the left ankle were acquired with high-field closed MRI without contrast.

FINDINGS: The anterior tibial tendon and extensor tendons over the dorsal foot are all intact. There is some edema along the anterior aspect of the ankle joint suggesting synovitis and there is edema in the sinus tarsi and tracking along the anterolateral gutter. The findings might suggest anterior impingement. There is an intact anterior talofibular ligament along the superior fibers but there appears to be chronic tearing of the inferior fibers of the anterior talofibular ligament. The peroneal tendons are intact. The flexor hallucis longus and flexor digitorum tendons are intact. The distal posterior tibial tendon shows marked thickening and some mild heterogeneous increased signal consistent with distal tendinopathy for the 1 cm length prior to the navicular attachment. The spring ligament, deltoid ligament and posterior talofibular ligament are all intact. There is no fracture. There is no bone marrow edema. The achilles tendon, plantar fascia and talocalcaneal interosseous ligaments are intact.


IMPRESSION: Edema along the anterior ankle joint and fibular side of the sinus tarsi with chronic minimal partial tearing suggested of the inferior fibers anterior talofibular ligament. The findings could all relate to anterior impingement symptoms. The anterior tibial tendon is intact. There is evidence of distal posterior tibial tendinopathy.

/lkl

1/2 left mry

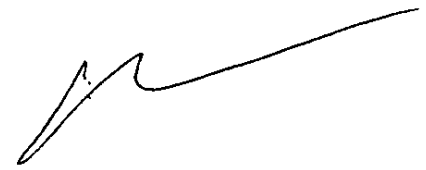


Mance, David


Name: TRISH A FONTANA
DOB: 06/02/1967

Date: 10/29/2010
031303200005672

Interpreting Physician
Electronically Signed By:
GEORGINE DEMARINO, MD
/GD



IRMC Jefferson
Diagnostic MRI
JEFFERSON

63188526888582

no auth required

CENTRE CITY TOWER, SUITE 575, 650 SMITHFIELD STREET, PITTSBURGH, PA 15222
 (412) 471-2124 • FAX (412) 471-2332
 3000 BROWNSVILLE ROAD, PITTSBURGH, PA 15227 • (412) 881-5580 • FAX (412) 881-1026

associates in podiatry

LYNNE J. HAUBELT, D.P.M.
 SCOTT Q. SOLBACH, D.P.M.
 DAVID MANCE, D.P.M.

SC-002580 C

NAME Tush Fontana AGE _____
 ADDRESS _____ DATE 10-28-10

R MRI left ankle
 DX: ruptured Anterior
Tibial Tendon off

☐ LABEL

REFILL _____ TIMES

DO NOT SUBSTITUTE

D.P.M.

SUBSTITUTION PERMISSIBLE

D.P.M.

Chris -

Name Trish Fontana

031305200005672

Date 10-1-10

10-1-10 Trish Fontana pts tibialis anterior tendon rupture is proceeding good. She has one area where there is a knot in the tendon there is pain on palpation otherwise her movement is good there is very little swelling if any she is to stay off so she can get rid of the pain she is advised to walk. I think in a week she will be ready to return to work. DJM

Name Trish FontanaDate 10-8-10

Dxlated

10-8-10 Trish Fontana pt heard a pop a week ago now its getting worse and she has pain along the tibialis anterior tendon. I think she ripped this tendon more. We will put her in a bk cast xrays reveal no bony abnormality if this doesn't get better I will get an MRI to evaluate the degree of the rupture. DJM

Name Trish FontanaDate 10-15-10O.V. myler
Tendinitis

10-15-10 Trish Fontana pt said yesterday her ankle was acting up she has pain across the ankle there is swelling there, there is tenderness along the extensor tendons and the anterior aspect of the ankle. I think she is getting tendonitis at this time 1/4 cc celestone was given I want her to elevate and rest not to be on her foot more then an hour a day. I will see her in 2 weeks DJM

Name Trish Fontana

031305200005072

Date 8-27-10

8-27-10 Trish Fontana Patient presents stating she feels better today but if on her feet for more than 2-3 hours it bothers her there is pain and tightness along the anterior tibialis anterior tendon about 3-4cm proximal to the ankle joint anteriorly injection of a ½ cc celestone was given there is some pain on palpation there I will see her in one week DJM

Name Trish Fontana

Date 9-3-10

9-3-10 Trish Fontana pt said she started walking without the aircast there is still some pain on examination of the tibialis anterior tendon not like before I would like her to get used to not walking with the air cast. I think the tendon is healing nice I will see her in 2 weeks she can probably return to work then DJM

Name 9-17-10

Date Trish Fontana

9-17-10 Trish Fontana pt said she still has pain there is pain along the tibialis anterior tendon its increasing in severity since the last examination. There is some swelling in the area. On evaluation of the ankle she has some instability at the lateral ankle I think this is causing her problem and why she is tripping there is pain on inversion and plantar flexion. I think the tendon is healing nicely and progressing so she can get back to work part time for 2 weeks to see how she can tolerate this I also wrote her an ankle brace I will see her in 2 weeks DJM

831395288885672

associates in podiatry



LYNNE J. HAUBELT, D.P.M.
SCOTT G. SOLBACH, D.P.M.
DAVID MANCE, D.P.M.

Certificate of Professional Care

Date 10/15/10

This is to certify that

Trish Fontana

is under my care for the following:

light duty ^{continue} next
appt 10/28/10

David Mance

CENTRE CITY TOWER (SUITE 575)- 650 SMITHFIELD STREET
PITTSBURGH, PA 15222
(412) 471-2124
3000 BROWNSVILLE ROAD, PITTSBURGH, PA 15227
(412) 881-5580

031305200005672

associates in podiatry

DISABILITY CERTIFICATE

LYNNE J. HAUBELT, D.P.M.
SCOTT G. SOLBACH, D.P.M.
DAVID MANCE, D.P.M.DATE 10/1/10NAME Trish FontanaADDRESS 3130 Glendale Avenue

EMPLOYER _____

To Whom It May Concern:

This is to certify that the above patient was under my professional care from 1-18-10 to 10-10-10 inclusive, and was totally incapacitated during this time.

This is to further certify that the above patient has now recovered sufficiently to be able to return to light regular work duties

on Monday Oct 11, 2010Restrictions: none

717 Liberty Avenue, Clark Building (Suite 1315) • Pittsburgh, PA 15222 • (412) 471-2124
3000 Brownsville Road • Pittsburgh, PA 15227 • (412) 681-5580

EXHIBIT NO. 3F
PAGE: 25 OF 45CENTRE CITY TOWER, SUITE 575, 650 SMITHFIELD STREET, PITTSBURGH, PA 15222
(412) 471-2124 • FAX (412) 471-2332
3000 BROWNSVILLE ROAD, PITTSBURGH, PA 15227 • (412) 881-5580 • FAX (412) 881-1026**associates in podiatry**LYNNE J. HAUBELT, D.P.M.
SCOTT G. GOLDBACH, D.P.M.
DAVID MANCE, D.P.M.

SC-002890-L

DEA REG. NO. _____

NAME

Turish Fontana

AGE _____

ADDRESS _____

DATE

9/17/10

R

Ample for NOT FOR*Ox: Ample for* NARCOTICS☐ LABEL

REFILL _____

TIMES _____

D.P.M.

D.P.M.

DO NOT SUBSTITUTE

SUBSTITUTION PERMISSIBLE

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PITTSBURGH, PA 15222
(412) 471-2124
3000 BROWNSVILLE ROAD, PITTSBURGH, PA 15227
(412) 881-5580This is to certify that
Turish Fontana
is under my care for the following: pt able to
RW - only 4 hrs per day -
a weeks than reevaluatedDate *9-17-10*

Certificate of Professional Care

associates in podiatry

LYNNE J. HAUBELT, D.P.M.
SCOTT G. GOLDBACH, D.P.M.
DAVID MANCE, D.P.M.

Name Trish Fontana
7-23-10

EXHIBIT NO. 3F
PAGE: 26 OF 45

031305200005672

Date

7-23-10 Trish Fontana pt still has pain on the body of the talos where she has a fracture. She also has pain along the atf ligament which is healing this is from an injury that happened 3-4 weeks ago she is to remain in the cast due to the swelling and pain she is to elevate and stay off it I will see her in 2 weeks DJM

Name Trish Fontana

Date 8-6-10

8-6-10 Trish Fontana Patient presents she is doing so much better there is less swelling there is still tenderness on palpation of the talos there is some pain on range of motion of the sub talor joint. She is to remain in the air cast an hour or two a day. I will see her in 2 weeks DJM

Name Trish Fontana

Cont on Avelof

Date 8-20-10

Name Trish Fontana

031305200005672

Date 6-15-10

6-15-10 Trish Fontana pt is still complaining of pain from her fall she fell the other day and her foot went behind her its still swollen and tender along the lateral aspect of her ankle on evaluation there is swelling in the area there is pain on palpation and on dorso flexion of the extensor tendons. I would like her to stay off her foot elevate and ice. I don't want her walking on it. I will see her in one week DX possible lateral ankle sprain possible rupture of the extensor tendons DJM

Name Trish FontanaDate 6-22-10

6-22-10 Trish Fontana pt fell and dislocated her foot backwards she states she is doing good. She has pain on the lateral aspect of her fibula I think she has a slight high ankle sprain now must of the pain is at the extensor tendons dorsally from her foot being caught under her body she said it is getting better I advised her to ice this. She may go back to work limited duty. DJM

Name Trish FontanaDate 6-29-10

6-29-10 Trish Fontana pt states then when she fell and bent her foot back about a week ago, she is still having pain in that area. There is pain along the extensor tendon. There is swelling and pain upon plantar flexion of the foot and plantar flexion of the toes. Rest and air cast havent helped her. I will get an MRI to evaluate her peronial tendons and her extensor tendons I think she might have a slight tear. She's been staying off it and in an air cast. LJH

831385200065672

FAXED

6-29-10

pt took original

associates in podiatry



LYNNE J. HAUBELT, D.P.M.
SCOTT G. SOLBACH, D.P.M.
DAVID MANCE, D.P.M.

Certificate of Professional Care

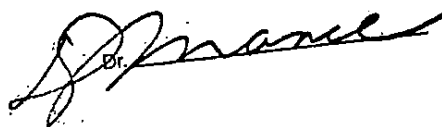
Date 6-29-10

This is to certify that

Irish Fontana

is under my care for the following: continue

light duty until results of
MRI are reviewed.


Dr. Mance

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031305280005672

727.60

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3000 BROWNSVILLE ROAD, PITTSBURGH, PA 15227 • (412) 881-5580 • FAX (412) 881-1026

associates in podiatry

AF LYNNE J. HAUBELT, D.P.M.
SCOTT G. SOLERON, D.P.M.
DAVID MANCE, D.P.M.

SC-002580-L

DEA REG. NO. _____

NAME Josh Fortana AGE _____

ADDRESS _____ DATE 6/29/10

R MRI NOT FOR MARKET

DL: Right hand Extensor LT

Right hand Extensor LT

☐ LABEL
REFILL _____ TIMES

DO NOT SUBSTITUTE D.P.M. SUBSTITUTION PERMISSIBLE D.P.M.

NO AUTH REQUIRED

412 462 0719

601305288885872

associates in podiatry



LYNNE J. HAUBELT, D.P.M.
SCOTT G. SOLBACH, D.P.M.
DAVID MANCE, D.P.M.

Certificate of Professional Care

Date

7/2/10

This is to certify that:

Irish Fontana

is under my care for the following:

continue
light duty must
wear pneumatic
walker

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associates in podiatry



LYNNE J. HAUBELT, D.P.M.
SCOTT G. SOLBACH, D.P.M.
DAVID MANCE, D.P.M.

Certificate of Professional Care

Date 6-22-10

This is to certify that

Irish Fontana

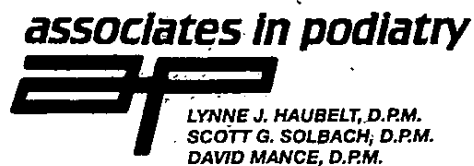
is under my care for the following:

continued
light duty until reevaluated
post-op 6/22/10

D. Mance

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(412) 881-5580

031305200005672



Certificate of Professional Care

Date

8/10/10

This is to certify that

TRISH Fontana

is under my care for the following:

light duty cert, cont, nuc
8/20/10 apt

[Signature]

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8313052000095672

associates in podiatry



LYNNE J. HAUBELT, D.P.M.
SCOTT G. SOLBACH, D.P.M.
DAVID MANCE, D.P.M.

Certificate of Professional Care

Date

7/23/10

This is to certify that

Trish Fontana

is under my care for the following:

continue
light duty until
evaluated on 8/6/10

[Signature]
D.P.M.

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Name Trish Fontana

EXHIBIT NO. 3F
PAGE: 34 OF 45

Date 6-1-10

031365260005672

Not dictated
PO ✓

Name Trish Fontana

Date 6-8-10

6-8-10 Trish Fontana pt said the ankle feels good but she said above the ankle hurts. Xrays were taken there is no evidence of a high ankle sprain. There was pain on palpation of the tib anterior tendon in that area DX tib anterior tendonitis injection of a cc celestone was given see her in 1-2 weeks DJM

Name Trish Fontana

Date 6-10-10

Fell Bm w/ly D

6-10-10 Trish Fontana pt fell the other day her mother made her come to see me. There is pain along the outside of her foot but its not bad she said its getting better. Xrays reveal no fracture I told her not to fall anymore to take it easy. DJM

Name Trish Fontana

031305200005672

Date 4-26-10

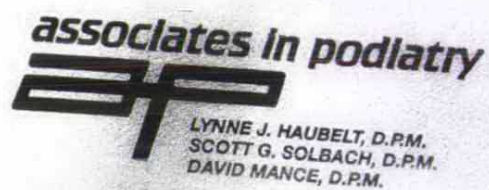
4-26-10 Trish Fontana pts ankle is doing well she's been on it a lot it's a little sore I advised her on working on dorso flexion and gave her exercises there is a slight limitation. She said it only hurts her going up and down steps which is normal. I advised her to start doing stretching exercises. DJM

Name Trish FontanaDate 5-10-10

5-10-10 Trish Fontana Patient presents doing well. Has occasional pain but she is on her foot 10-12 hours a day. She said its improving I advised her on r ange of motion she will continue to do this. I will see her in 1 month. DJM

Name Trish FontanaDate 5-17-10

5-17-10 Trish Fontana pt continues to show improvement the range of motion is better on dorso and plantar flexion but there is some pain on range of motion she states it hurts going up and down stairs I advised her to continue to ice this there is some edema laterally there is pain on palpation laterally where the most of the surgical I advised to ice rest and take non steriodal anti inflammatory try to decrease activity and not do too much during the day and I will see her in 2 weeks DJM



Certificate of Professional Care

Date 6/15/10

This is to certify that

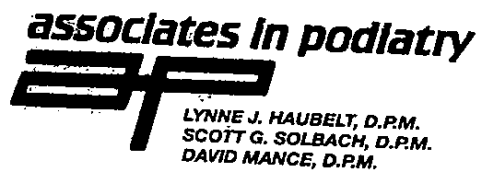
Trish Fontana

is under my care for the following:

continue
light duty through 6/11
6/22 apt evaluation

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001305200005672



Certificate of Professional Care

Date 6-8-10

This is to certify that

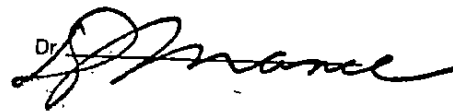
Irish Fontana

is under my care for the following: continued

light duty until re-evaluated

by me on 6-15-10

Dr.



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031385288005672

associates in podiatry



DISABILITY CERTIFICATE

LYNNE J. HAUBELT, D.P.M.
SCOTT G. SOLBACH, D.P.M.
DAVID MANCE, D.P.M.

DATE

6/1/10

NAME

Trish Fontana

ADDRESS

EMPLOYER

To Whom It May Concern:

This is to certify that the above patient was under my professional care from _____ to PRESENT inclusive, and was totally incapacitated during this time.

This is to further certify that the above patient has now recovered sufficiently to be able to return to light regular work duties on 6-1-10.

Restrictions:

Light duty until
further Evaluation June 8, 2010

Dr.

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531385188885672



LYNNE J. HAUBELT, D.P.M.
SCOTT G. SOLBACH, D.P.M.
DAVID MANCE, D.P.M.

Certificate of Professional Care

Date

5/17/10

This is to certify that

Irish Fontano

is under my care for the following:

Foot Surgery light duty
until evaluated on
6/1/10

D. Mance

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3/29/2010 18:13:48 JRMC DIAGNOSTIC SERVICES 412-469-8981

EXHIBIT NO. 3F
PAGE: 40 OF 45

JRMC Diagnostic Services, Laboratory
 1200 Brooks Lane Ste G40885672
 Clairton, Pennsylvania 15025
 Phone: (412)469-8950
 Fax: (412) 469-8980

| | | | | | |
|-------------|-------------------|---------|----------|------------------|---------------------|
| Patient: | FONTANA, TRISHANN | Birth: | 6/2/1967 | Acc #: | 512697 |
| Patient #: | 16489 | Age: | 42 years | Fasting: | NO |
| Doctor: | MAJKIC, DUSHAN | Gender: | Female | Collection Date: | 3/29/2010 09:40 JLL |
| Home Phone: | (412)882-0719 | | | | |

| Test Name | Result | Units | Flag | Reference Range |
|---|--------|---------------------|------|-------------------------------|
| | | | | Run by: MD on 3/29/2010 13:59 |
| BASIC METABOLIC PANEL | | | | |
| Sodium | 138 | mmol/L | | 135 - 145 |
| Potassium | 4.5 | mmol/L | | 3.7 - 5.2 |
| Chloride | 105 | mmol/L | | 98 - 113 |
| CO2 | 29 | mmol/L | | 21 - 31 |
| Anion Gap | 9 | mmol/L | | 6 - 20 |
| Glucose | 89 | mg/dl | | 64 - 112 |
| BUN | 9 | mg/dl | | 6 - 20 |
| Creatinine | 0.60 | mg/dl | | 0.42 - 1.06 |
| B/C Ratio | 15 | | | 8 - 28 |
| Calcium | 9.3 | mg/dl | | 8.5 - 10.5 |
| GFR | >60 | | | >59 |
| The GFR estimate is reported in mL/min/1.73m ² | | | | |
| African American GFR | >60 | | | >59 |
| CBC WITH DIFF (AUTOMATED) | | | | Run by: JD on 3/29/2010 15:39 |
| WBC | 6.2 | 10 ³ uL | | 4.0 - 10.8 |
| RBC | 4.0 | 10 ⁶ uL | | 3.8 - 5.2 |
| HGB | 11.7 | g/dL | | 11.2 - 15.8 |
| HCT | 35.3 | % | | 33.6 - 47.4 |
| MCV | 89.4 | fL | | 78.5 - 99.0 |
| MCH | 29.7 | pg | | 27.1 - 33.0 |
| MCHC | 33.2 | g/dL | | 32.1 - 36.0 |
| RDW | 14.1 | % | | 10.8 - 14.6 |
| PLT | 322 | x10 ³ uL | | 150 - 400 |
| MPV | 7.5 | fL | | 7.1 - 10.0 |
| Gran% | 56.8 | % | | 43.0 - 81.0 |
| Lymph% | 31.4 | % | | 15.0 - 40.0 |
| Mono% | 7.2 | % | | 0.0 - 11.8 |
| Eo% | 3.8 | % | | 0.0 - 8.5 |
| Bas% | 0.8 | % | | 0.0 - 2.0 |
| Gran# | 3.7 | x10 ³ uL | | 1.2 - 7.7 |
| Lymph# | 1.9 | x10 ³ uL | | 1.2 - 3.4 |
| Mono# | 0.4 | x10 ³ uL | | 0.2 - 0.8 |
| Eo# | 0.2 | x10 ³ uL | | 0.0 - 0.6 |
| Baso# | 0.0 | x10 ³ uL | | 0.0 - 0.2 |

Notes: COPY TO DR. DAVID MANCE 412-881-1026

Reviewed By: _____

Date: _____

Originally Printed On: 3/29/2010 15:39
 Printed: 3/29/2010 18:04
 Page 1 of 1

STAT[S] Corrected [C] Added [A]

Accession: 512697 Patient ID: 16489
 Lab Results For: TRISHANN FONTANA

031305200005672

03/29/10 BRENTWOOD MEDICAL GROUP Acct#: 13626
Trishann Fontana DOB: 06/02/1967 Sex: F Age: 42 years

Nurse Note: CC: PRE-OP SURG 4-7-10 - DR. DAVID MANCE (FAX 412-881-1026)

Subjective

CC: Patient presents for preoperative visit.
HPI: Presents for consultation and pre-op clearance exam.
Pre-op clearance exam: Surgeon: Dr David Mance
ROS:

Const: Denies constitutional symptoms.

ENMT: Denies ear symptoms.

Resp: Denies respiratory symptoms.

Musculo: Reports foot pain.

Surgical Risk Factors:

Hx of blood dyscrasias or easy bleeding? no

Hx of untoward anesthetic reaction? no

Hx of recent steroid use? no

Hx of diabetes? no

Hx of hypertension? no

Hx of laryngeal or tracheal damage? no

Hx of cervical spine pain/fracture/surgery? no

Hx of reaction to iodine or tape or latex? no

Hx of transfusions? no

Use of contacts? no

Use of dentures/partial dentures? no

Current Meds: Ibuprofen 800 mg, Pilosec 20 mg, Proair HFA 108 (90 Base) mcg/ac, Zyrtec Allergy
10 mg, Omnaris 50 mcg/Act, Pataday 0.2 %

Allergies: Penicillin, Morphine, Pentothal

PMH:

Medical Problems:

None

Surgical Hx:

None

Reviewed, no changes.

FH:

Reviewed, no changes.

SH:

Personal Habits: Cigarette Use: Current Cigarette Smoker 1 Pack Daily. Alcohol: Denies alcohol
use.

Reviewed, no changes.

Objective:

Wt: 155lb Wt Prior: 143lb as of 03/08/10 Wt Dif: +12lb Ht: 63.25" 5'3.25" BP: 120/70 T: 98.5

Pulse: 78 BMI: 27.2 IBW: 115

Exam:

Trishann Fontana DOB 06/02/1967

031305200005672 Page #2

Const: Appears healthy and well developed. No signs of acute distress present. Alert and oriented.
Head/Face: Normal on inspection.
Eyes: Conjunctivae clear. PERRL. Sclerae are anicteric.
ENMT: External ears WNL. Oropharynx: Appears normal.
Neck: No JVD. Carotids: 2+ and equal bilaterally, without bruits.
Resp: AP diameter is unremarkable. Clear to auscultation.
CV: Rate is regular. Rhythm is regular. S1 is normal. S2 is normal. No heart murmur appreciated. No extra sounds. Pedal pulses: 2+ and equal bilaterally. Extremities: Peripheral circulation is grossly normal. No edema of the lower limbs bilaterally.
Abdomen: Positive bowel sounds. No bruits. Normal to percussion. Abdomen is soft, nontender, and nondistended without guarding, rigidity or rebound tenderness. No abdominal masses. No pulsatile masses present. No palpable hepatosplenomegaly.
Lymph: No palpable or visible regional lymphadenopathy.

Assessment #1: V72.83 Examination Preoperative Other Spec
Comments : NO CONTRAINDICATION FOR SURGERY
Plan:
Lab : BMP Basic Metabolic Panel
CBC W/Diff & PLT

Assessment #2: 729.5 Pain In Limb
Plan:
Follow Up : . (Follow up)

Seen By:



03/29/2010 9:22 am

Trishann Fontana DOB 06/02/1967

Page #2

EXHIBIT NO. 3F
PAGE: 43 OF 45

Name Trish FontanaEXHIBIT NO. 3F
PAGE: 44 OF 45

031305200005672

Date 2-22-10

2-22-10 Trish Fontana pt said she has a clicking in her ankle the swelling has come down it hurts and pinches sometimes. On evaluation there is 2 areas to be concerned the medial shoulder and lateral gutter xrays reveal there might be a cheap in the lateral gutter. There is pain on palpation there there is pain on palpation in the medial shoulder on dorsal flexion there is audible click that can be heard and a slight grinding sensation laterally. She said its bothering her. Advised her we can do arthroscopic surgery on this and try cortisone injections she had similar thing with her wrist and it didn't work. I advised her to rest this remain in the cast if she can we will schedule the surgery at her convenience if not we will give her 2 weeks more rest. DJM

Name Trish FontanaDate 4-12-10

4-12-10 Chris Fontana Patient presents doing well post op. no infection no redness it is perfect. I instructed her on range of motion of the foot or ankle joint I will see her in 1-2 months. She had no calf pain no pain on range of motion of the calf. DJM

Name Trish FontanaDate 4-16-10

4-16-10 Trish Fontana pt has been on her foot consistantly it is sore. She has a problem near the plantar aspect of the same foot near her 1st met head where she has a plantar fibroma I think she has a slight tear of the plantar fascial area. It measures about 1 ½ centimeters in diameter. She is in an air cast she put herself in it. I advised her to stay in it. I yelled her for not staying off this off she said she couldn't because of her children. DJM

Name Trish Fontana

031305200005612

Date 1-18-10

1-18-10 Trish Fontana pt is complaining of left foot pain when she puts pressure on it. There is evaluation on pain on palpation of the met heads. And along the ankle joint. x-ray are taken of the ankle no obvious fracture noted since she has a high ankle sprain I advised her to stay off this. She will wear an air cast I will see her in 1-2 weeks DJM

Name Trish Fontana

Date 2-1-10

2-1-10 Trisha Fontana pt says she got 30% relief. She said there is a decrease in pain along her ankle and the bottom of her ankle. The lump she has in the back of her ankle went away. We will monitor this and I will see her in one week. DJM